

was frequent (7 patient /9 patient). It was an emergent surgery at 2 patients because of a heart failure. For the others, the indication for surgery was medical failure treatment at a mean delay of 19 days. The evolution was fatal at 5 patients. and the evolution was favorable at the others.

Prosthetic endocarditis complicated of abscess are serious requiring frequently a prosthetic replacement, a very high risk surgery. TEE must be systematic at all patients carrier of prosthesis if they have infectious syndrome in order to carry the early diagnosis of IE and to avoid abscess formation.

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Predictive factors of mid-term mortality after transcatheter aortic valve implantation

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Purpose: Growing experience with transcatheter aortic valve implantation (TAVI) enables predictive factors of mid-term results to be identified.

Methods: Between October 2006 and January 2010, 145 patients (pts) underwent TAVI because of symptomatic, severe aortic stenosis (mean valve area $0.70 \pm 0.18 \text{ cm}^2$). TAVI used a transvascular (TV) approach in 96 cases and a transapical (TA) approach in 49. Prostheses were Edwards Sapien in 131 pts and Medtronic Corevalve in 14 pts. Follow-up was complete, median follow-up was 6 months. Predictive factors of 2-year mortality were selected among 16 variables using a univariate Cox model and then a Cox multivariate model including significant variables in univariate analysis and risk scores which were kept in the model. The effect of the learning curve was assessed by comparing the first 25 procedures with the subsequent 120 procedures.

Results: Mean age was 81 ± 9 years, 77 pts (53%) were male, and 37 pts (26%) had had coronary artery bypass grafting (CABG). Mean Euroscore was $27 \pm 15\%$ and mean Charlson comorbidity index was 3.7 ± 2.5 . Thirty-day survival was 88%. Two-year survival was $68 \pm 6\%$. The 3 significant predictive factors of 2-year mortality in multivariate analysis were TA approach, absence of prior CABG, and procedures within the first 25 cases (Table). Risk scores were not significantly associated with 2-year mortality.

Conclusion: The identification of predictive factors of mid-term mortality after TAVI 1) Shows the impact of training 2) Suggests that patients with prior CABG and treated using the TV approach derive the greatest benefit 3) Further illustrates the limitations of conventional risk scores in predicting the results of TAVI.

Table: Predictive factors of 2-year mortality in multivariate analysis

	Hazard ratio	95% CI	p
TA vs. TF approach	3.6	[1.6-7.9]	0.002
Early vs. late experience	2.8	[1.2-6.4]	0.01
Absence of prior CABG	2.9	[1.1-7.8]	0.03
Euroscore	1.003	[0.977-1.029]	0.84
Charlson comorbidity index	1.03	[0.88-1.19]	0.72

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Epidemiology of valvular heart disease in a tunisian center

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Introduction: Valvular heart diseases (VHD) remain frequent, their prevalence is about 2.5% in USA. The etiology of valvular heart disease has changed dramatically in the last five decades. In the western world, the significant reduction of acute rheumatic fever and its sequelae, and the recognition of non-rheumatic causes of valvular disease are responsible for the metamorphosis in the etiology of valvular disorders.

The aim of this work is to study the epidemiological profile of the patients undergoing valvular surgery in a Tunisian center of cardiology.

Methods: A retrospective study involving the 101 last patients hospitalized in our service and proposed for valvular surgery.

Results: Patients aged 24-85 years, mean age is 56.5 years, male:female = 0.9. Before surgery mean LVEF is 60 ± 13 . 10% of the patients were operated with left ventricular dysfunction (LVEF 40%). A history of rheumatic fever was present in 60, 8% of rheumatic valvular disease. Arterial hypertension, diabetes mellitus and smoking are respectively present in 29.7%, 21.8% and 27.7% of the patients.

Etiology of VHD: rheumatic: 50.5% and degenerative : 27.7%. A preoperative coronary angiography was performed in 63, 4% of the patients and was normal in 76.6 % of the cases. CAD and VHD were associated in 14.9%. Mitral, aortic and double valve replacement were respectively performed in 38.7% , 35.4% and 18.7% of the cases. 5.29% of the implanted valves were bioprosthesis. 12.5% of the patients underwent coronary artery bypass graft in addition to the valvular surgery. In 16.8% of the cases it was a redo surgery.

Conclusion: Contemporary epidemiological data show a rise of the degenerative etiology and associated coronary artery disease. Surgery offers good results for patients with significant valvular heart disease. Valve replacement and repair are the main surgical options. Older patients and redo procedures are increasingly frequent.

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The infectious endocarditis with aortic localization. A surgical emergency

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Introduction: The course of aortic post endocarditic incapacity is unpredictable. It requires a particular management and an early or urgent surgery because of the subsequent serious complications. The aim of our retrospective study is to review the epidemiological and clinical features and to emphasize on the early of this clinical entity.

Material and method: Forty seven patients were admitted in our heart department for infectious endocardite (IE) with isolated aortic localization. Patients with other localisations of IE were withdrawn. Patients were separated in two groups according to availability of the cardiac surgery in our institution.
- A first group of 22 patients hospitalized between 1989 and 1995 where cardiac surgery was not available and
- The second group of 25 patients hospitalized between 1997 and 2009 where cardiac surgery was available
The IE diagnosis was made according to the modified criteria DUCKE.

Results: The average of age was 32 ± 12 years (extremes 16 - 67 years) with 77 % of males . The previous cardiac state is documented in 45 % of the cases. Rheumatoid arthritis is found in 86 % of the cases. An etiology was found in 43% of cases, 89 % out of them had dental etiology . Vegetations were found in 100 % of the cases at the echocardiographic exam. The left ventricle is of normal size or dilated. DOPPLER exam showed the aortic leak were of grade III or IV in all cases. Bloodcultures were positive in 27 % in the 1st group and 60 % in the second. A negative coagulase staphylococcus was found in 71 % of the cases.

The course of the disease of the 51 % of the patients with left ventricular impairment and the 11 % of the cerebral embolism was the death. Although mortality is decreasing (77 % in the 1st group and 48 % in the second) , this mortality remains high in our population.

Conclusion: Strong mortality is the burden of aortic localization. If in developed countries, it is below 30 % due to early surgery, much remains to make in emergent countries.